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## APPLICANTS

Jeffery Roy Lowery, Grand Prairie, TX;

\*\* CONTINUING DATA \*\*\*\*\* X

\*\* FOREIGN APPLICATIONS \*\*\*\*\* X

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 8	TOTAL CLAIMS 2	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

Robert M. Mason  
 Mason & Petrucci  
 402W  
 13601 Preston Rd.  
 Dallas , TX  
 75240

## TITLE

Casino dice game

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